

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/29/2018

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

At Haliburton Highlands Health Services (HHHS), our vision is to become Leaders in Innovative Rural Health Care. This vision is supported by our core values: compassion, accountability, integrity, and respect. Together, our vision and values are helping us achieve our mission of providing our community with the continuum of high quality health services including Hospital Services, Long Term Care, Community Support Services, and Mental Health and Addiction Services.

Our Quality Improvement Plan (QIP) is a vital tool that helps us ensure we are providing the highest possible quality of health services, and helps us communicate our progress to our various stakeholders and the community, and aligns with our strategic direction and plan. The HHHS QIP addresses specific objectives: 1) to build on the foundational understanding of Quality Improvement by management, physicians and frontline staff; 2) to focus on high quality and safe care in clinical practice by implementing best practices for pressure ulcer and fall prevention; 3) to improve on transitions in care in a collaborative and coordinated way by working on seamless transitions for mental health patient populations and improving medication reconciliation at discharge; 4) to ensure we provide support for staff related to violence in the workplace by implementing updated policies and ensuring access to supportive services. We have identified a number of key measures to evaluate ourselves in light of each of these objectives.

HHHS is proud of its record of providing excellent care within Haliburton County. Feedback from our patients, clients, and residents reflects satisfaction with our services; however, we are continuously seeking ways to improve.

Our QIP will allow us to track and report to the community on initiatives that will support continuous quality improvement and better patient/client/resident care.

The HHHS QIP was developed with input from our staff, physicians, Quality Committee, Community Advisory Committee, the HHHS Board of Directors, and various other stakeholders. In developing the QIP, the strategy adopted was to have maximum collaboration and engagement and to focus on quality initiatives that reflect the demographics and population of the patients, clients, and residents we serve.

Describe your organization's greatest QI achievements from the past year

Over the past year, we have worked on building a foundational culture for quality and safety for our staff and physicians. Part of this included having management staff attend IDEAS training presented by the MOHLTC; this training allowed us to better support our quality improvement teams. This allowed us to use the correct quality improvement terminology and to understand the necessity of working on process done with compliance, to reach outcomes. We were also able to streamline our focus in a smaller number of indicators and quality improvement initiatives that will improve care.

In the provision of care, we have seen a vast improvement in medication reconciliation at admission, which will allow us to use lessons learned and the processes that are working well and align them with medication reconciliation at discharge, with which we still have challenges. Our use of Client Care Plans in the community setting is at our target of 100% and allows for better care delivery. Our improvement in transitions of care from the hospital to the community has improved with discharge summaries to primary care at over 92% delivered within 48 hours. Palliative care has been both a focus and a growth area, in the hospital setting with inpatient provision of care, and within the community supporting those who want to die at home.

Resident, Patient, Client Engagement and relations

The HHHS 2018-19 QIP has been informed by input from stakeholders representing our patient, resident, and client groups. Throughout the year, we meet regularly with our Community Advisory Committee (which is reflective of the population we serve) and our Family Councils, we seek feedback through our Resident Councils, and we conduct surveys to solicit feedback from our patients and clients. This feedback reflects their experiences, opinions, and ideas about the services we provide and how we can improve them, and forms the foundation for the development of our QIP.

Collaboration and Integration

The HHHS QIP is aligned with the HHHS Strategic Plan and with the Central East Local Health Integration Network (CELHIN)'s Integrated Health Service Plan and their overarching goal of Living Healthier at Home – Advancing Integrated Systems of Care to Help Residents Live Healthier at Home. The CELHIN has established four strategic aims to help achieve this overarching goal; the HHHS strategic plan is aligned with these aims, and they are also reflected in our QIP: 1) supporting seniors living with frailty by focusing on provision of palliative care in the community and supporting those living with mental health and addictions challenges by decreasing the number of unscheduled ED visits; 2) ensuring that residents in Long Term Care are proactively assessed to decrease unnecessary transfers to the ED; 3) improving access to telemedicine to allow care to be delivered closer to home; 4) improving the patient and resident experience by providing appropriate information and support and conducting hourly rounding by Patient Support Workers and Registered staff; 5) ensuring high quality and safe care by focusing on improvement initiatives that incorporate best practices for falls and pressure ulcers in our Long Term Care homes; and 6) supporting staff by ensuring that our organization is a great place to work.

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The HHHS Strategic Plan emphasizes integration with partners to improve patient/client/resident care and to ensure this care is seamless across the continuum. As a leader in innovative rural healthcare, HHHS is at the forefront of cross-sector community and health services integration. Our focus over the upcoming year will be to evolve as a Rural Health Hub, to build on our success, to strengthen our partnerships, and explore further opportunities for integrated services to better meet the health needs of our community. The HHHS Strategic Plan is currently under review and strategic goals and objectives will align with our QIP initiatives in order that we can provide strategic support.

To that end, our QIP is an integrated, multi-sector plan that includes objectives for our Hospital, Long Term Care Homes, Community Support Services Division, and Mental Health and Addiction Services Program. Our Quality Committee, Medical Advisory Committee, Community Advisory Committee, and Board will be engaged and informed of quality initiatives for the entire organization. We have planned for integrated methods and process measures that include best practice teams and champion development across the organization.

Engagement of Clinicians, Leadership & Staff

The development of HHHS's 2018-19 QIP represents the collective work of our staff, physicians, Quality Committee, Board of Directors, Community Advisory Committee, and other key stakeholders. This approach helps ensure an organizational wide focus and engagement on quality improvement initiatives between teams, at leadership levels, committees, and at the governance level.

Workplace Violence Prevention

Significant collaborative work with clinical staff, support staff, Human Resources, and Occupational Health and Safety has resulted in the need to understand and track workplace violence incidents and offer support, as required, to staff. Creation of a workplace violence assessment tool, based on best practice, and auditing use of the tool will be a foundational step. The need to increase staff ability to de-escalate and manage potentially violent patient situations will be supported by implementing mandatory training in crisis intervention and de-escalating techniques and support and training for managing responsive behaviors of those residents living with dementia. To allow for standardization across the CELHIN, we will work with our stakeholders and partners in reviewing the current process of standardized flags and symbols that designate potential patient or resident risk associated with violence, to ensure for consistency in design and in use.

Performance Based Compensation

The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of quality improvement plans. By linking achievement of targets to compensation, organizations can increase the motivation to achieve both long and short-term goals. Performance-based compensation will enable organizations to ensure consistency in the application of performance incentives and drive transparency in the performance incentive process.

HHHS executives' compensation, including the percentage of salary at risk and targets for which the executive team is accountable, are linked to executive performance from a quality perspective as outlined by the table below. These specific indicators were chosen because they represent all divisions of the organization, and they represent a balanced approach to quality improvement (the indicators represent different QIP dimensions).

HHHS will maintain its commitment to the Excellent Care for All legislation; as such a portion of executive compensation will be linked to the attainment of annual Quality Improvement Plan (QIP) objectives. This additional performance-related pay will be tied to successful completion of QIP and other objectives, and will be set out for each Designated Executive and Designated Executive group as follows; CEO up to 4% of base salary and class of designated executives up to 2% of base salary.

Quality Dimension	Measure	Baseline	Target	Graduated Scale	Number/0% when performance below target identified
Effective	Percentage of clients who die at home who choose home as preferred location	81%	85%	90% = 125% 85% = 100% 80% = 75% 75% = 50% 70% = 25% 65% = 0%	65%
Healthy Work Environments	Number of workplace violence incidents	Collecting Baseline	</=5	4 = 125% 5 = 100% 6 = 75% 7 = 50% 8 = 25% 9 = 0%	9
Safe	Medication reconciliation at discharge	24.69%	75% by year end (50% improvement quarter to quarter)	80% = 125% 75% = 100% 70% = 75% 65% = 50% 60% = 25% 55% = 0%	55%
Person-Centered	Percentage of residents who respond positively to "would you recommend this nursing home to others?"	80%	85%	90% = 125% 85% = 100% 80% = 75% 75% = 50% 70% = 25% 65% = 0%	65%

Contact Information

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan.

Original signed

Board Chair – Dave Bonham

Original signed

Quality Committee Chair – Jan Walker

Original signed

President and Chief Executive Officer – Carolyn Plummer